

Request for Correction/Amendment of Protected Health Information

FORM IHS-917

This card is designed to be used by staff members to guide patients through the process of correcting or amending their health information in compliance with HIPAA regulations. If you would like additional information or have any questions, please contact your Health Information Management (Health Records) Department. Any patient requesting a correction/amendment of their Protected Health Information (PHI) should be referred to the Health Information Management (Health Records) Department to obtain the appropriate form. Patient must complete this form in black ink; red ink or felt tip pens are not allowed.



PRIVACY RULE

DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICE

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

5 U.S.C. 522a(d), 45 C.F.R 164.526

Patient Name: John Q. Public Date of Birth: June 17, 1948

Patient Record Number: _____

Patient Address: _____

Date of entry to be corrected/amended: _____

Information to be corrected/amended: _____

A patient may make a request,
but it may not be approved.

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

Use additional sheets if needed and attach to this form.

In the event that IHS grants your request, in some situations where IHS previously disclosed the disputed record, IHS is required by law to notify the recipient of the corrective action taken. In addition, subject to your agreement IHS will make reasonable efforts to provide the amendment to other persons who IHS knows received the information in the past and who may have relied, or are likely to rely, on such information to your detriment.

☐ I agree to allow IHS to release any amended information to individuals or entities as described above.

Would you like this amendment sent to anyone else who received the information in the past?

☐ Yes ☐ No If yes, please specify the name and address of the organization(s) or individual(s) below.

Patient must sign and date.

John Q. Public
Signature of Patient or Legal Representative
(If Legal Representative signs, state relationship to patient)

June 17, 1948
Date

IHS cannot
change a
record that it
did not create
in-house.

For Indian Health Service Use Only:

Date Received: _____ Amendment has been ☐ Accepted ☐ Denied

If denied, check reason for denial:

- ☐ PHI is not part of the patient's designated record set
☐ IHS did not create record
☐ Record is not available to the patient for inspection
☐ Record is accurate and complete

Signature of Service Unit Director or Designee

Date

Comments of Healthcare Provider (if applicable)

Signature of Healthcare Provider (if applicable)
IHS-917 (10/02)

Title

Date

QUICK REFERENCE CARD

FORM IHS-917

Request for Correction/Amendment of Protected Health Information

FORM IHS-917



POLICY: Every patient receiving services at an Indian Health Service (IHS) facility has the right to request corrections and/or amendments to his/her PHI that was created by IHS providers and its contractors (business associates) if they believed that the health information is inaccurate or incomplete.

Staff is not to agree to any requests for correction and/or amendment of PHI.

Frequently Asked Questions

Q: When can a patient expect to hear from IHS regarding the correction or amendment request?

A: *A patient can expect to receive a photocopy with a date stamp within 10 business days and will be notified of approval or denial within 60 days after IHS receipt of the request. In some circumstances, IHS may extend this period for 30 days. If so, the patient will be notified of the extension.*

Q: Why would IHS deny a request for a correction or amendment?

A: *IHS would deny a request for the following reasons:*

- *The health information is not part of IHS's designated record set*
- *IHS did not create the health record*
- *The information is not available to the patient under federal law*
- *The record is complete and accurate*

Q: What if my health record was created by another organization?

A: *IHS cannot change a record that was not created in-house.*

Q: What if my record was created by another government organization?

A: *IHS will forward the request to that agency for processing, and the patient will be notified.*

Q: What if the organization that created the record is no longer in service or in existence?

A: *If the patient provides a reasonable basis to believe the originator is no longer available to act on the request, IHS will address the request and may add a patient statement to the record.*

Q: What should a patient do if their request is denied?

A: *If a patient's request is denied in whole or in part, the patient will receive a copy of the form within 60 days and will be notified of his/her applicable appeal rights.*

QUICK REFERENCE CARD

FORM IHS-917



For additional training and more information see the HIPAA Training Coordinator at your site or facility. Additional forms, policies, procedures, training, and copies of the HIPAA Quick Reference cards are available online at www.ihs.gov.